

Fairfax County Retirement Systems

Request for Retirement Income Verification

Employees' System ☐

Police Officers System ☐

Uniformed System ☐

Please use the following information to send a letter stating my current monthly retirement income. I understand that the letter will be mailed to my home address on file.

Full Name: _____

Social Security Number: _____

Daytime phone number: _____

Home Address: _____

☐ Please check box if this is a new address and we will update it in our system.

Signature: _____ **Date:** _____

Please return this form to:
Fairfax County Retirement Administration Agency
10680 Main Street, Suite 280
Fairfax, VA 22030-3812
Fax: 703-273-3185 Phone 703-279-8200